



707 N. Armstrong Pl. • Boise, ID 83704 • Tel. (208) 375-5211

Written Comments Form

Section I. Identification of Stakeholders

Please fill in the following information so that we can identify you and groups you represent as interested parties in this Asthma Project.

Your Name: _____

Date: _____

Health District: _____

Organization(s) you represent: _____

Nature of Business or Activity of your organization:

Are you involved in the direct delivery of services to support the treatment of asthma?

☐ Yes

☐ No

If yes, please describe.

Please describe why you are interested in asthma.

Are you willing to participate in a district-wide asthma coalition?

Yes ☐

No ☐

Section II. Identifying Challenges and Needs

In the space below please describe what you think are the biggest challenges and needs we face in successfully managing asthma in Idaho. (i.e. education, access to primary care, medications, treatment, insurance, etc.) What do you propose as solutions/remedies?

Section III. Resources and Responses

A. In your opinion, what resources within the state are being used effectively to respond to the challenges of managing asthma in Idaho?

B. What additional or enhanced resources would you suggest would be most beneficial in enhancing our response to the challenges of managing asthma in Idaho?

Section IV Additional Comments

Please use the space below to make any additional comments you have regarding the management of asthma in Idaho.